COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY	ATTORNEY'S DOCKET
(includes Reference to PCT International Applications)	NUMBER
	PHFR030033 US

As a below named inventor, I h	nereby declare that:					
My residence, post office address and citizenship are as stated next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Medical imaging system and a method for segmenting an object of interest the specification of which (check only one item below):						
is attached hereto.						
☐ was filed as United States a	application					
Serial No			<del></del>			
on —	1.00	M.L.				
and was amended						
on						
was filed as PCT internation	• •					
Number <u>PCT/IB2004/0009</u>	949					
On <u>March 18, 2004</u>						
and was amended under PCT	Article 19					
on			(if applicable).			
I hereby state that I have review claims, as amended by any am		nts of the above-identified specification	n, including the			
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this application	on in accordance with			
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:				
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
FRANCE	0350072	27 MARCH 2003	YES			

Comb (includ	Combined Declaration For Patent Application and Power of Attorney (Continued)  Attorneys Docket Number PHFR030033 US							
POW	ER OF ATTORNE	Y: As a named inventor	, I hereby appoint	the following attorney(s) and/on. (List name and registration n	or agent(s) to pro number)	secute this application and transact		
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F				Direct Telepho (name and tele (914)332-02	ephone number)		
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN		FIRST GIVEN NAME Nicolas		SECOND GIVEN NAME		
201	RESIDENCE & CITIZENSHIP	CITY Clamart		STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP France		
	POST OFFICE ADDRESS	POST OFFICE ADDR 2, impasse de jardins		92140 Clamart		STATE & ZIP CODE/COUNTRY France		
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACE	RIE	FIRST GIVEN NAME  Claude		SECOND GIVEN NAME		
202	RESIDENCE & CITIZENSHIP	NEW YORK		STATE OR FOREIGN COUL United States of A		COUNTRY OF CITIZENSHIP France		
	POST OFFICE ADDRESS	POST OFFICE ADDRI 22 west 77 TH Manhattan		10024 NEW YORK	<b>(</b>	STATE & ZIP CODE/COUNTRY United States of America		
	FULL NAME OF INVENTOR	FAMILY NAME LAGRANGE		FIRST GIVEN NAME  Jean-Michel		SECOND GIVEN NAME		
203	RESIDENCE & CITIZENSHIP	MOISSY CRAI		STATE OR FOREIGN COUNTRY FRANCE CITY 77550 Moissy Cramayel		COUNTRY OF CITIZENSHIP France		
	POST OFFICE ADDRESS	POST OFFICE ADDR				STATE & ZIP CODE/COUNTRY France		
	FULL NAME OF INVENTOR	FAMILY NAME LEVRIER		FIRST GIVEN NAME Claire		SECOND GIVEN NAME (A) 19 MA 12 MB 1		
204	RESIDENCE & CITIZENSHIP	RUEIL MALMA		STATE OR FOREIGN COUNTRY  France		France ALLERS		
	POST OFFICE ADDRESS	POST OFFICE ADDRI		92500 RUEIL MAL	MAISON	France 1 1 1 1		
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN		FIRST GIVEN NAME Robert		SECOND GIVEN NAME  Randall		
205	RESIDENCE & CITIZENSHIP	KIRKLAND		STATE OR FOREIGN COUL United States of A		COUNTRY OF CITIZENSHIP United States of America		
	POST OFFICE ADDRESS	POST OFFICE ADDRI 8218 NE 115 <sup>TH</sup>	ess Way	98034 KIRKLAND		STATE & ZIP CODE/COUNTRY United States of America		
true: a	nd further that these	e statements were made der section 1001 if Title 1	with the knowledg	ge that willful false statements	and the like so m	formation and belief are believed to be nade are punishable by fine or ts may jeopardize the validity of the		
SIGNA	TURE OF INVENT	OR 201	SIGNATURE OF	FINVENTOR 202	SIGNAT	URE OF INVENTOR 203		
	1:00	_						
DATE	06 JUNE		DATE	,	DATE			
SIGNA	TURE DE INVENT	204	SIGNATURE OF	FINVENTOR 205				
DATE	06 JUN	IE 2005.	DATE					

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHFR030033 US

As a below named inventor, I h	nereby declare that:		
My residence, post office addre	ess and citizenship are as sta	ited next to my name.	
I believe I am the original, first plural names are listed below) entitled: Medical imaging system the specification of which (chec	of the subject matter which is and a method for segmenting as	name is listed below) or an original, s claimed and for which a patent is so n object of interest	first and joint inventor (if ught on the invention
is attached hereto.			
☐ was filed as United States a	application		
Serial No ————			
on		M	
and was amended			
on			
was filed as PCT internation	140		
Number <u>PCT/IB2004/0009</u>	149		
OnMarch 18, 2004	<del></del>		
and was amended under PCT	Article 19	•	
on			(if applicable).
I hereby state that I have review claims, as amended by any am		ents of the above-identified specifica	tion, including the
I acknowledge the duty to discl Title 37, Code of Federal Regu	ose information which is materal lations, § 1.56(a).	erial to the examination of this applica	ation in accordance with
or inventor's certificate or of an States of America listed below any PCT international applicati	ny PCT international application and have identified below an on(s) designating at least one	I States Code, § 119 of any foreign apon(s) designating at least one country y foreign application(s) for patent or its country other than the United States of the application(s) of which priority is	other than the United nventor's certificate or s of America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35 U.S.C. 119	:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
FRANCE	0350072	27 MARCH 2003	YES

(includ	es Reference to PC	T International Application	ons)	ver of Attorney (Continue		Attorneys Docket Number PHFR030033 US
POWE	ER OF ATTORNE	Y: As a named inventor	, I hereby appoint	t the following attorney(s) and/on. (List name and registration n	or agent(s) to pro umber)	osecute this application and transact
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F				Direct Telepho (name and tel (914)332-0	ephone number)
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN		FIRST GIVEN NAME Nicolas		SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Clamart		STATE OR FOREIGN COUR France	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	2, impasse de jardins		92140 Clamart		STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACE	RIE	FIRST GIVEN NAME  Claude		SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	NEW YORK		STATE OR FOREIGN COUNTY United States of A		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR 22 west 77 TH Manhattan		10024 NEW YORK	<u> </u>	STATE & ZIP CODE/COUNTRY United States of America
	FULL NAME OF INVENTOR	FAMILY NAME LAGRANGE		FIRST GIVEN NAME  Jean-Michel		SECOND GIVEN NAME
203		MOISSY CRAMAYEL		STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR		77550 Moissy Cra	amayel	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME LEVRIER		FIRST GIVEN NAME Claire	5 T	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	RUEIL MALM			NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	11 ter, rue Jea		92500 RUEIL MALMAISON		France:
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN		FIRST GIVEN NAME  Robert		SECOND GIVEN NAME Randall
205	RESIDENCE & CITIZENSHIP	KIRKLAND		United States of A		United States of America
	POST OFFICE ADDRESS	8218 NE 115 <sup>Th</sup>		98034 KIRKLAND		STATE & ZIP CODE/COUNTRY United States of America
true: a	nd further that these	e statements were made der section 1001 if Title 1	with the knowledg	ge that willful false statements a	and the like so r	formation and belief are believed to be nade are punishable by fine or ts may jeopardize the validity of the
SIGNA	TURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202	SIGNAT	URE OF INVENTOR-203
	/		(e)	101		
DATE	TUDE OF INVEST	OD 204		S JUNE 2005.	DATE	
SIGNA	TURE OF INVENT	UR 204	j SIGNATURE OI	F INVENTOR 205		

DATE

DATE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER PHFR030033 US
As a below named inventor, I hereby declare that:	
My residence, post office address and citizenship are as stated next to my name.	
I believe I am the original, first and sole inventor (if only one name is listed below) or an original plural names are listed below) of the subject matter which is claimed and for which a patent is entitled: Medical imaging system and a method for segmenting an object of interest the specification of which (check only one item below):	nal, first and joint inventor (if s sought on the invention
is attached hereto.	
☐ was filed as United States application	
Serial No	
on	
and was amended	
on	
☑ was filed as PCT international application	
Number <u>PCT/IB2004/000949</u>	
On _March 18, 2004	
and was amended under PCT Article 19	
on	(if applicable).
I hereby state that I have reviewed and understand the contents of the above-identified speciclaims, as amended by any amendment referred to above.	fication, including the
I acknowledge the duty to disclose information which is material to the examination of this applittle 37, Code of Federal Regulations, § 1.56(a).	plication in accordance with

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
FRANCE	0350072	27 MARCH 2003	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office (July 1994) Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHFR030033 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN	FIRST GIVEN NAME Nicolas	SECOND GIVEN NAME	
201	RESIDENCE & CITIZENSHIP	CITY Clamart	STATE OR FOREIGN COUNTRY  France	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS  2, impasse des hauts jardins	92140 Clamart	STATE & ZIP CODE/COUNTRY  France	
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACRIE	FIRST GIVEN NAME  Claude	SECOND GIVEN NAME	
202	RESIDENCE & CITIZENSHIP	NEW YORK	STATE OR FOREIGN COUNTRY United States of America	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS  22 west 77 TH Street  Manhattan	10024 NEW YORK	STATE & ZIP CODE/COUNTRY United States of America	
203	FULL NAME OF INVENTOR	FAMILY NAME  LAGRANGE	FIRST GIVEN NAME  Jean-Michel	SECOND GIVEN NAME	
	RESIDENCE & CITY CITIZENSHIP  MOISSY CRAMAYEL  STATE OR FORE FRANCE		STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 43, place de liège	77550 Moissy Cramayel	STATE & ZIP CODE/COUNTRY France	
FULL NAME OF INVENTOR		FAMILY NAME LEVRIER	FIRST GIVEN NAME  Claire	SECOND GIVEN NAME	
204	RESIDENCE & CITIZENSHIP	RUEIL MALMAISON 45	STATE OR FOREIGN COUNTRY  France	COUNTRY OF CITIZENSHIP France	
ृष्ट :	POST OFFICE ADDRESS	11 ter, rue Jean Edeline	92500 RUEIL MALMAISON	STATE & ZIP CODE/COUNTRY France	
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN	FIRST GIVEN NAME  Robert	SECOND GIVEN NAME  Randall	
205	RESIDENCE & CITIZENSHIP	KIRKLAND	STATE OR FOREIGN COUNTRY United States of America	COUNTRY OF CITIZENSHIP United States of America	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8218 NE 115 <sup>TH</sup> Way	98034 KIRKLAND	STATE & ZIP CODE/COUNTRY United States of America	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<u> </u>	
SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
	3
DATE	DATE 06 JUNE 2005
	00 7010 2000
SIGNATURE OF INVENTOR-205	
	;
DATE.	
	SIGNATURE OF INVENTOR-205

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

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is attached hereto.							
was filed as United States a	application						
Serial No	<del></del>		<del></del>				
on ————	· ·						
and was amended							
on	- M-L-1-						
	nal application						
Number <u>PCT/IB2004/0009</u>	• •						
On March 18, 2004	170						
and was amended under PCT.	Article 19						
on			 (if applicable).				
			(" בדריים ביים).				
I hereby state that I have review claims, as amended by any arm		ents of the above-identified specification	n, including the				
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this application	on in accordance with				
or inventor's certificate or of an States of America listed below any PCT international applicati	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign applin(s) designating at least one country of foreign application(s) for patent or invicountry other than the United States of the application(s) of which priority is c	ther than the United entor's certificate or of America filed by me				
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119				
FRANCE	0350072	27 MARCH 2003	YES				
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	İ	1	1				

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)						PHFR030033 US
POW	ER OF ATTORNE	Y: As a named invento	r, I hereby appoint	the following attorney(s) and/on. (List name and registration n	or agent(s) to pro umber)	osecute this application and transact
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F				Direct Telepho (name and tel (914)332-0	ephone number)
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN	· · · · · · · · · · · · · · · · · · ·	FIRST GIVEN NAME Nicolas		SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Clamart		STATE OR FOREIGN COUI France	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR 2, impasse de jardins		92140 Clamart		STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACE	RIE	FIRST GIVEN NAME Claude		SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	NEW YORK		STATE OR FOREIGN COUR United States of A		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR 22 west 77 TH Manhattan		10024 NEW YORK	ζ	STATE & ZIP CODE/COUNTRY United States of America
	FULL NAME OF INVENTOR	FAMILY NAME  LAGRANGE		FIRST GIVEN NAME  Jean-Michel		SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	MOISSY CRAMAYEL		STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR  43, place de li		77550 Moissy Cramayel		STATE & ZIP CODE/COUNTRY  France
	FULL NAME OF INVENTOR	FAMILY NAME  LEVRIER	<i>.</i>	FIRST GIVEN NAME  Claire		SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	RUEIL MALMAISON		STATE OR FOREIGN COUNTRY  France		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDR  11 ter, rue Jea		92500 RUEIL MAL	MAISON	France
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN		FIRST GIVEN NAME Robert		SECOND GIVEN NAME  Randall
205	RESIDENCE & CITIZENSHIP	KIRKLAND .		United States of America		COUNTRY OF CITIZENSHIP United States of America
	POST OFFICE ADDRESS	POST OFFICE ADDR 8218 NE 115 <sup>Th</sup>		98034 KIRKLAND		STATE & ZIP CODE/COUNTRY United States of America
true: ar	nd further that these	e statements were made der section 1001 if Title 1	with the knowledg	e that willful false statements a	and the like so n	formation and belief are believed to be nade are punishable by fine or ts may jeopardize the validity of the
SIGNA	TURE OF INVENTO	OR 201	SIGNATURE OF	INVENTOR 202	SIGNAT	URE OF INVENTOR 203
				<i></i> .		
DATE		2000	DATE		DATE	
SIGNA	TURE OF INVENTO	UR 204	Robut O	FINVENTOR 205		
DATE			DATE 06	TUNE 2005		

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Lhereh	v revoke all i	Dravious powers of ottornou	given in the english	-A: - : 1 - 1:E - 1:		
31 OF K	( 3,73(D).	previous powers of attorney	given in the applic	ation identified i	in the attached state	ement under
I hereby	y appoint:					
X Pra	actitioners asso	ciated with the Customer Number:	247	137		
OR			Ĺ			
Pra	actitioner(s) nar	ned below (if more than ten patent	practitioners are to be	named, then a custo	omer number must be us	sed):
Г		Name	Registration	N:	ame	Registration
⊢			Number 💮			Number
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any ana a	in bareur applica	) to represent the undersigned befo ations assigned only to the undersig coordance with 37 CFR 3.73(b).	ore the United States P gned according to the I	atent and Trademan USPTO assignment	k Office (USPTO) in con records or assignment of	nection with locuments
Please ch	ange the correc	spondence address for the applicat	ion identified in the atta	ached statement und	der 37 CER 3 73/h) to:	
		,,			7	
X.	The address as	sociated with Customer Number:	2473	7		
OR		obstance man obstanter reuniper.				
	m or lividual Name		<del></del>			
Address						
6.4						i
City			State		Zip	
Country						
Telephor	ne			Fax		
L				L		
Assignee I	Name and Addi	ress:			·	
		KONTNK	т.т.тке ритт.	TPS ELECTI	RONICS N.V.	
			woudseweg		MONTOD W.V.	
			A Eindhove		therlands	
А сору о	f this form, t	ogether with a statement und	ler 37 CFR 3.73(b)	Form PTO/SR/96	or equivalent) is re-	guired to be
med in e	acn applicati	on in which this form is used	l. The statement u	nder 37 CFR 3.73	3(h) may be complete	ed by one of
and mus	utioners apport tidentify the	ointed in this form if the appo application in which this Pov	ointed practitioner i	is authorized to a	act on behalf of the a	ıssignee,
			URE of Assignee of I		····	
<u>-</u>	The	lividual whose signature and title	s supplied below is au	thorized to act on b	chalf of the assignee	
Signature	1111	May E. M.	un	[	Date 14 Januar	y 2005
Name	Michae			7	Telephone (914)	333-9637
Title	Author	ized Representat	ive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**10/550344** JC14 Rec'd PCT/PTO 22 SEP 2005

PTO/SB/96 (08-03)
Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.	
Application No./Patent No.: Concurrently Filed/Is	ssue Date: Concurrently
Entitled: MEDICAL IMAGING SYSTEM AND A METHOD FOR SEGMENTING AN OBJECT OF INTEREST	
Koninklijke Philips Electronics N.V. , a <u>cor</u> (Name of Assignee) , Typ	poration e of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1.	
2. ☐ an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————	
A. [ ] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.	
OR	
B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:	
From:  The document was recorded in the United State Reel, Frame	s Patent and Trademark Office at
	Го:
The document was recorded in the United State Reel, Frame	s Patent and Trademark Office at, or for which a copy thereof is attached.
From: The document was recorded in the United State	To:
Reel, Frame, or for which a copy thereof is attached.	
[ ] Additional documents in the chain of title are listed on a supplemental sheet.	
[ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.	
Date (914) 333-9627	Typed or printed name
Telephone number	Signature
	Corporate Counsel
	Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.